## DONALD J. MCTIGUE

Attorney at Law

RECEIVED FEC MAIL ROOM

2001 JUL 10 A 9:43

3886 North High Street Columbus, Ohio 43214 Tcl (614) 263-7000 Fax (614) 263-7078 mctiguelaw@msn.com

July 5, 2001

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

RE: O'Shaughnessy for Congress (C00347757)

To Whom It May Concern:

Enclosed please find for filing with your office an amended Statement of Organization naming a new treasurer for the above committee.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Donald J. McTigue

DJM/kkp Enclosure

1. (a) NAME OF COMMITTEE IN FULL O'Shaughnessy for Congress (Check if name is changed)   2. BATE 19   07-03-01			RECEIVED	
1. (a) NAME OF COMMITTEE IN FULL O'Shaughnessy for Congress   07-03-01	STATEMENT OF ORGANIZATION FEC MAIL ROOM			
O'Shaughnessy for Congress  (b) Number and Sfreet Address 3888 North High Street  (c) City, State and ZIP Code Columbus, Ohlo 43214  5. TYPE OF COMMITTE (Check one) (b) This is an authorized, NOT a principal campaign committee. (Complete the candidate information below.)  (c) This is is an authorized, NOT a principal committee (Complete the candidate information below.)  (d) This committee supports (name of Candidate) (nam				
O'Shaughnessy for Congress  (b) Number and Street Address 3888 North High Street  (c) City, State and ZIP Code Columbus, Ohlo 43214  5. TYPE OF COMMITTE (Check one) (b) This is an authorized, NOT a principal campaign committee. (Complete the candidate information below.) (c) This is an authorized, NOT a principal committee (Complete the candidate information below.) (d) This is an authorized, NOT a principal committee (Complete the candidate information below.) (e) This is an authorized, NOT a principal committee (Complete the candidate information below.) (iname of Candidate (iname of Candidate) (iname of Cand	1 (a) NAME OF COMMITTEE IN FULL (Check if name	is changed) 2	. BATE 10 A 143	
(b) Number and Street Address   (Check if address is changed) 3. FEC ID NUMBER C0347757  (c) City, State and ZIP Code   4. AMENDMENT?  (c) City, State and ZIP Code   4. AMENDMENT?  (d) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This is an authorized, NOT a principal committee. (Complete the candidate information below.)  (c) This committee is a principal committee. (Complete the candidate information below.)  (d) This committee is a principal committee. (Complete the candidate information below.)  (e) This committee is a committee information below.)  (f) This committee is a committee of the committee of the party. (Committee of the party.)  (e) This committee is a separate segregated fund.  (f) This committee is a separate segregated fund.  (f) This committee is a separate segregated fund.  (g) This committee is a separate segregated fund.  (h) This commi	1, (4), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	j		
Colity, State and ZIP Code   Columbus, Ohlo 43214   Columbus, Ohlo 43218   Columbus, Ohlo		ss is changed) 3	FEC ID NUMBER	
(c) City, State and ZIP Code Columbus, Ohio 43214  5. TYPE OF COMMITTEE (Check one)	(D) (Aprilia of a construction of the construc		C00347757	
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5. TYPE OF COMMITTEE (Check one)  (a) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This is an authorized, NOT a principal committee. (Complete the candidate information below.)  Name of Candidate  Name of Candidate  (c) This committee supports  (name of Candidate)  (d) This committee is a  (name of Candidate)	Columbus Obje 43214			
(a) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This is an authorized, NOT a principal committee (Complete the candidate information below.)  Name of Candidate			<del></del>	
(b) This is an authorized, NOT a principal committee (Complete the candidate information below.)   Name of Candidate   Candidate Party   Democrat   U.S. House   OH/12	5. TYPE OF COMMITTEE (Check one)	(Complete the can	didate information below.)	
Name of Candidate   Maryellen O'Shaughnessy   Democrat   U.S. House   OH/12	(a) This committee is a principal campaign committee (Complete the cardidate information below.)			
Maryellen O'Shaughnessy Democrat U.S. House OH/12    (c) This committee supports	<b>_</b>		- I State of	
(c) This committee supports	1101116 41 2211212111	•		
(d) This committee is a (National, State or subordinate) (Democratic, Republican etc.)  (e) This committee is a separate segregated fund.  (f) This committee supports more than one Federal candidate and is NOTa fund or party committee    Name of Any Connected   Mailing Address and ZiP Code	Maryellen O'Shaughnessy Democrat			
(d) This committee is a	and is NOT an authorized committee.			
(a) This committee is a   (National, State or subordinate)   (Democratic, Republican etc.)	(name of candidate)			
(e) This committee is a separate segregated fund.  (f) This committee supports more than one Federal candidate and is NOTa fund or party committee  Name of Any Connected Organization or Affiliated Committee  Name or Affiliated Committee  Name or Connected Organization or Corporation or Corporation or Corporation Organization or Affiliated Committee  Name or Connected Organization or Corporation or Corporation or Corporation Organization or Organization or Corporation	Committee of the			
Type of Connected Organization:   Corporation   Corporation w/o Capital Stock   Connected Organization   Corporation   Corporation   Corporation   Cooperative   Coopera	(Definitional, State or supportinate)			
Name of Any Connected Organization: Corporation Corporation w/o Capital Stock	(e) This committee is a separate segregated turio.			
Name of Any Connected Organization: Corporation Corporation w/o Capital Stock	[7] (f) This committee supports more than one Federal candidate and is NOTa fund or party committee			
Type of Connected Organization: Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative  7. Custodian of Records: Identify the person in possession of committee books and records. Full Name Donald McTigue 3886 North High Street, Columbus, OH 43215 Records Custodian  8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer. Full Name David Black 3886 North High Street, Columbus, Ohlo 43214 Treasurer  9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts. Name of Bank, Depository, etc.  Fifth Third Bank P.O. Box 182026, Columbus, OH 43218  Teertify that I have examined this Statement and to the best of my knowledge it is correct and complete. Type OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE David Black  NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
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Labor Organization Membership Organization Trade Association Cooperative  7. Custodian of Records: Identify the person in possession of committee books and records. Title or Position Mailing Address  Full Name  Donald McTigue  3886 North High Street, Columbus, OH 43215  8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer. Title or Position  Full Name  David Black  X X X  9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts. Mailing Address and ZIP Code  Fifth Third Bank  P.O. Box 182026, Columbus, OH 43218  Teertify that I have examined this Statement and to the best of my knowledge it is correct and complete. TYPE OR PRINT NAME OF TREASURER  David Black  NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	Organization of Atmates Committee		<del></del>	
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Federal Election Commision: 800-424-9550	TYPE OR PRINT NAME OF TREASURER SIGNATURE  David Black	Black	07-03-01	
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## Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered POSTMARKED First Class Mail 7-5-01 POSTMARKED (R/C) Registered/Certified Mail No Postmark Postmark Illegible Date of Receipt Received from the House office of Records and Registration Date of Receipt Received from the Senate Office of Public Records Postmarked Other ( Specify): and/or Date of Receipt Electronic Filing 7-10-01 DATE PREPARED